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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	-	
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	your	e the name that is on government-issued ure identification (for mple, your driver's	Zulema First name	First name
		ise or passport).	Middle name	Middle name
	iden	g your picture tification to your ting with the trustee.	Bonilla Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		other names you have d in the last 8 years		
		ide your married or den names.		
3.	you num Indi	y the last 4 digits of r Social Security ober or federal vidual Taxpayer tification number	xxx-xx-9695	

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Case number (if known)

Debtor 1 Zulema Bonilla

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
I. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EINs	EINs		
5.	Where you live		If Debtor 2 lives at a different address:		
		1342 Richmond Lane Bartlett, IL 60103			
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		DuPage			
		County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing	Check one:	Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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Case number (if known) Debtor 1 Zulema Bonilla

ar	t 2: Tell the Court About	Your B	Bankruptcy Ca	se				
7. The chapter of the Bankruptcy Code you are choosing to file under			kruptcy					
	choosing to file under	Chapter 7						
		□с	Chapter 11					
		□с	hapter 12					
		□с	hapter 13					
3.	How you will pay the fee		about how yo order. If your	ill pay the entire fee when I file my petition. Please check with the clerk's office in your local council town you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's ler. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit core-printed address. Beed to pay the fee in installments. If you choose this option, sign and attach the Application for In				
					tallments. If you choose this opt	ion, sign and attach the Application for Individual	ls to Pay	
			I request tha	t my fee be wa	nived (You may request this option	on only if you are filing for Chapter 7. By law, a ju		
			applies to you	ur family size ar	nd you are unable to pay the fee	our income is less than 150% of the official pove in installments). If you choose this option, you micial Form 103B) and file it with your petition.		
).	Have you filed for bankruptcy within the	■ No						
	last 8 years?	□ Ye						
			District		When	Case number		
			District		When	Case number		
			District		When	Case number		
10.	Are any bankruptcy cases pending or being	■ No	0					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	□ Ye	? S.					
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your		o. Go to li	ne 12.				
	residence?	■ Ye	es. Has yo	ur landlord obta	ained an eviction judgment again	st you and do you want to stay in your residence	?	
			■	No. Go to line	12.			
				Yes. Fill out In bankruptcy per		Judgment Against You (Form 101A) and file it w	vith this	

Document Page 4 of 58 Case number (if known) Debtor 1 Zulema Bonilla Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard?

identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Zulema Bonilla Document

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Der	Zuiema Bonilia				
Par	t 6: Answer These Quest	ions for R	eporting Purposes		
16.	What kind of debts do you have?	16a.	individual primarily for a p	consumer debts? Consumer debts are detersonal, family, or household purpose."	efined in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
		16b.			
			☐ No. Go to line 16c.		
			☐ Yes. Go to line 17.		
		16c.	State the type of debts yo	u owe that are not consumer debts or busine	ess debts
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chap	oter 7. Go to line 18.	ss that you incurred to obtain usiness or investment. ess debts poperty is excluded and administrative expenses? 25,001-50,000
	Do you estimate that after any exempt property is excluded and	■ Yes.		7. Do you estimate that after any exempt pro available to distribute to unsecured creditor	
	administrative expenses		■ No		that are not consumer debts or business debts Go to line 18. You estimate that after any exempt property is excluded and administrative expenses bile to distribute to unsecured creditors? 1,000-5,000
	are paid that funds will be available for		□Yes		
	distribution to unsecured creditors?				
18.	How many Creditors do	1 -49			
	you estimate that you owe?	□ 50-99			
		☐ 100-1 ☐ 200-9		□ 10,001-25,000	☐ More than100,000
19.	How much do you	\$ 0 - \$	550,000	☐ \$1,000,001 - \$10 million	
	estimate your assets to be worth?		01 - \$100,000		
			001 - \$500,000 001 - \$1 million		
20.	How much do you estimate your liabilities	□ \$0 - \$			
	to be?		001 - \$100,000		
			001 - \$500,000 001 - \$1 million	<u> </u>	_ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
Par	t 7: Sign Below				
For	you	I have ex	camined this petition, and I	declare under penalty of perjury that the info	rmation provided is true and correct.
				id not pay or agree to pay someone who is r d the notice required by 11 U.S.C. § 342(b).	not an attorney to help me fill out this
		I request	relief in accordance with th	ne chapter of title 11, United States Code, sp	pecified in this petition.
		bankrupt and 357	cy case can result in fines ι		
		Zulema	ema Bonilla n Bonilla e of Debtor 1	Signature of Debt	tor 2
		Executed	d on June 15, 2016	Executed on	
			MM / DD / YYYY	M	M / DD / YYYY

Debtor 1 Zulema Bonilla Document Page 7 of 58 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Mila Gloria Novak	Date	June 15, 2016
Signature of Attorney for Debtor		MM / DD / YYYY
Mila Gloria Novak		
Printed name		
Mila Gloria Novak		
Firm name		
2300 W. Lake St		
Melrose Park, IL 60160-3623		
Number, Street, City, State & ZIP Code		
Contact phone 708-343-9119	Email address	mila@milaglorianovak.com
6184136		
Bar number & State		

		1200.11111	HI PAUE O ULDO	
Fill in this infor	mation to identify your	case:		
Debtor 1	Zulema Bonilla			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

chedule A/B: Property (Official Form 106A/B) a. Copy line 55, Total real estate, from Schedule A/B		33,147.00 33,147.00 abilities t you owe
Summarize Your Liabilities Summarize Your Liabilities chedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	Your lia	33,147.00
Summarize Your Liabilities chedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	Your lia	abilities
chedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	Amount	
a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	Amount	
a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	
chedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		1,317.00
a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	69,300.00
Your total liabilities	\$	70,617.00
Summarize Your Income and Expenses		
chedule I: Your Income (Official Form 106I) opy your combined monthly income from line 12 of Schedule I	\$	2,788.50
chedule J: Your Expenses (Official Form 106J) opy your monthly expenses from line 22c of Schedule J	\$	3,513.00
Answer These Questions for Administrative and Statistical Records		
re you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	nedules.
Yes Vhat kind of debt do you have?		
r]	Summarize Your Income and Expenses Shedule I: Your Income (Official Form 106I) Spy your combined monthly income from line 12 of Schedule I	chedule I: Your Income (Official Form 106I) The your combined monthly income from line 12 of Schedule I

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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Case number (if known) Debtor 1 Zulema Bonilla

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,400.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total c	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	49,256.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	49,256.00

		Document	Page 10 of 58		
Fill in this inform	nation to identify your case	e and this filing:			
Debtor 1	Zulema Bonilla				
Dobtor 2	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the: NO	RTHERN DISTRICT OF ILLI	NOIS		
Case number					☐ Check if this is a
			- 		amended filing
Official For	_				
Schedule	e A/B: Proper	ty			12/15
think it fits best. Be	e as complete and accurate as space is needed, attach a se	ms. List an asset only once. If a s possible. If two married people parate sheet to this form. On th	e are filing together, both a	re equally responsible for su	pplying correct
Part 1: Describe E	Each Residence, Building, Lar	nd, or Other Real Estate You Ow	n or Have an Interest In		
1. Do you own or ha	ave any legal or equitable inte	erest in any residence, building,	land, or similar property?		
■ No. Go to Part	2.				
☐ Yes. Where is	the property?				
Part 2: Describe Y	Your Vehicles				
Part I	Tour volliolog				
□ No ■ Yes	cks, tractors, sport utility	, ,		Do not deduct secured cl	aims or exemptions. Put
	Buick .across	Who has an interest in the Debtor 1 only	e property? Check one	the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
Year: 2	2012	Debtor 2 only		Current value of the	Current value of the
Approximate				entire property?	portion you own?
Other inform	lation:	At least one of the debto	ors and another		
		☐ Check if this is comm	unity property	\$10,000.00	
		(see instructions)			\$10,000.00
3.2 Make: L	incoln		e property? Check one	Do not deduct secured cl	aims or exemptions. Put
	incoln Aviator	(see instructions)	e property? Check one	Do not deduct secured cl the amount of any secure Creditors Who Have Clai	aims or exemptions. Put d claims on <i>Schedule D</i> :
Model: A	Aviator 2004	Who has an interest in the □ Debtor 1 only □ Debtor 2 only	e property? Check one	the amount of any secure Creditors Who Have Clair Current value of the	aims or exemptions. Put d claims on Schedule D: ms Secured by Property. Current value of the
Model: A Year: 2 Approximate	Aviator 2004 e mileage: 180000	Who has an interest in the Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 of	only	the amount of any secure Creditors Who Have Clair	aims or exemptions. Put d claims on Schedule D: ms Secured by Property.
Model: A Year: 2 Approximate Other inform	Aviator 2004 e mileage: 180000 lation:	Who has an interest in the Debtor 1 only Debtor 2 only	only	the amount of any secure Creditors Who Have Clair Current value of the	aims or exemptions. Put d claims on Schedule D: ms Secured by Property. Current value of the
Model: A Year: 2 Approximate Other inform	Aviator 2004 e mileage: 180000	Who has an interest in the Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 of	only ors and another	the amount of any secure Creditors Who Have Clair Current value of the	aims or exemptions. Put d claims on Schedule D: ms Secured by Property. Current value of the
Model: A Year: 2 Approximate Other inform	Aviator 2004 e mileage: 180000 lation:	Who has an interest in the Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtor Check if this is common	only ors and another	the amount of any secure Creditors Who Have Clair Current value of the entire property?	aims or exemptions. Put d claims on Schedule D: ms Secured by Property. Current value of the portion you own?
Model: A Year: 2 Approximate Other inform brakes ne	Aviator 2004 e mileage: 180000 nation: eed replacing	Who has an interest in the Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtor 1 check if this is commerciated by the commerciated by the commerciated by the check if this is commerciated by the check if the check if the check is commerciated by the check if the c	only ors and another unity property	the amount of any secure Creditors Who Have Clair Current value of the entire property? \$1,000.00	aims or exemptions. Put d claims on Schedule D: ms Secured by Property. Current value of the portion you own?
Model: A Year: 2 Approximate Other inform brakes ne	Aviator 2004 e mileage: 180000 eation: eed replacing craft, motor homes, ATVs	Who has an interest in the Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtor Check if this is common	only ors and another unity property cles, other vehicles, an	the amount of any secure Creditors Who Have Clai Current value of the entire property? \$1,000.00	aims or exemptions. Put d claims on Schedule D: ms Secured by Property. Current value of the portion you own?

☐ Yes

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Debtor 1 Zulema Bonilla 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$10,500.00 pages you have attached for Part 2. Write that number here...... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No ■ Yes. Describe..... misc household items \$200.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$50.00 cell phone 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$250.00 misc clothing Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information.....

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Debtor 1 Zulema Bonilla 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$500.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No □ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... Chase \$8.00 17.1. checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans Yes. List each account separately. Type of account: Institution name: 401K **Printers 401K** \$22,139.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No

		Case 16	5-19713	Doc 1	Filed 06/15/16 Document	Entered 06/15/16 19:26:33 Page 13 of 58	Desc Main
De	ebtor 1	Zulema Be	onilla		Document	Case number (if known)	
	☐ Yes		Institution na	me and descr	ription. Separately file th	e records of any interests.11 U.S.C. § 521(c):	
25.	■ No	•	future intere		ty (other than anything	g listed in line 1), and rights or powers exe	rcisable for your benefit
26.	Example ■ No	les: Internet d		, websites, pr	ts, and other intellectu oceeds from royalties a	al property nd licensing agreements	
27.	Example ■ No	les: Building p	s, and other opermits, exclusion all	sive licenses,		n holdings, liquor licenses, professional license	es
M	oney or p	roperty owe	ed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	■ No	unds owed to	•	out them, inc	luding whether you alrea	ady filed the returns and the tax years	
29.	■ No	les: Past due	or lump sum a		isal support, child suppo	ort, maintenance, divorce settlement, property	settlement
30.	Example ■ No	<i>les:</i> Unpaid w	unpaid loans	y insurance p	payments, disability bene someone else	efits, sick pay, vacation pay, workers' compen	sation, Social Security
31.		s in insurandes: Health, di		insurance; h	ealth savings account (H	HSA); credit, homeowner's, or renter's insuran	ce
	☐ Yes. N	Name the insu		ny of each po pany name:	licy and list its value.	Beneficiary:	Surrender or refund value:
32.	If you a someor		ciary of a living		someone who has die t proceeds from a life ins	d surance policy, or are currently entitled to rece	ive property because
33.	Example ■ No		s, employment		rou have filed a lawsui surance claims, or rights	t or made a demand for payment to sue	
34.	■ No	ontingent an	-	ed claims of	every nature, including	g counterclaims of the debtor and rights to	set off claims
35.	■ No	ancial assets	s you did not information	already list			

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Debto	Zulema Bonilla		Case number (if known)	
	add the dollar value of all of your entries from Part 4, includ or Part 4. Write that number here		es you have attached	\$22,147.00
Part 5:	Describe Any Business-Related Property You Own or Have an Int	terest In. List any real esta	te in Part 1.	
37. Do	you own or have any legal or equitable interest in any business-rel	ated property?		
■ N	o. Go to Part 6.			
ПΥ	es. Go to line 38.			
Part 6:	Describe Any Farm- and Commercial Fishing-Related Property Yoll fyou own or have an interest in farmland, list it in Part 1.	ou Own or Have an Interes	st In.	
16. D c	you own or have any legal or equitable interest in any farn	n- or commercial fishin	g-related property?	
	No. Go to Part 7.			
	Yes. Go to line 47.			
Part 7:	Describe All Property You Own or Have an Interest in That Y	ou Did Not List Above		
	you have other property of any kind you did not already list examples: Season tickets, country club membership No	st?		
	Yes. Give specific information			
54. A	add the dollar value of all of your entries from Part 7. Write	that number here		\$0.00
Part 8:	List the Totals of Each Part of this Form			
55. F	art 1: Total real estate, line 2			\$0.00
56. F	Part 2: Total vehicles, line 5	\$10,500.00		
57. F	art 3: Total personal and household items, line 15	\$500.00		
58. F	Part 4: Total financial assets, line 36	\$22,147.00		
59. F	art 5: Total business-related property, line 45	\$0.00		
60. F	art 6: Total farm- and fishing-related property, line 52	\$0.00		
61. F	art 7: Total other property not listed, line 54	+ \$0.00		
62. T	otal personal property. Add lines 56 through 61	\$33,147.00	Copy personal property total	\$33,147.00

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$33,147.00

		IAMAIII.	111 1 11111. 1.7 (11.7	
Fill in this infor	mation to identify your	case:		
Debtor 1	Zulema Bonilla			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemp	otions are	you claiming?	Check one only	, even if	your spouse is	s filing with	you.
----	--------------------	------------	---------------	----------------	-----------	----------------	---------------	------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
2012 Buick Lacross 63,000 miles Line from Schedule A/B: 3.1	\$10,000.00		\$2,400.00	735 ILCS 5/12-1001(c)
Ellie Holli Gelledale PAB. G.1			100% of fair market value, up to any applicable statutory limit	
2012 Buick Lacross 63,000 miles	\$10,000.00		\$3,742.00	735 ILCS 5/12-1001(b)
Line Holli Schedule Arb. 3.1			100% of fair market value, up to any applicable statutory limit	
misc household items Line from Schedule A/B: 6.1	\$200.00		\$200.00	735 ILCS 5/12-1001(b)
Ellie Holli Golloddie 172. Gri			100% of fair market value, up to any applicable statutory limit	
cell phone Line from Schedule A/B: 7.1	\$50.00	•	\$50.00	735 ILCS 5/12-1001(b)
Ellie Holli Golloddie 172.			100% of fair market value, up to any applicable statutory limit	
misc clothing Line from Schedule A/B: 11.1	\$250.00		\$250.00	735 ILCS 5/12-1001(a)
Line IIoni Scriedule A/D. 11.1			100% of fair market value, up to any applicable statutory limit	

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Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from		t of the exemption you claim	Specific laws that allow exemption
checking: Chase Line from Schedule A/B: 17.1	Schedule A/B \$8.00	= _	\$8.00	735 ILCS 5/12-1001(b)
			00% of fair market value, up to ny applicable statutory limit	
401K: Printers 401K Line from Schedule A/B: 21.1	\$22,139.00		\$22,139.00	735 ILCS 5/12-1006
			00% of fair market value, up to ny applicable statutory limit	
	of more than \$160,37	5?	00% of fair market value, up to ny applicable statutory limit	
■ No	•			
Yes. Did you acquire the property cover No	red by the exemption wi	ithin 1,21	5 days before you filed this case	?

Yes

Case	16-19/13	Doc 1 Filed 06/15/16 Document F	Entered Page 17	06/15/16 19:2	26:33 Desc N	⁄lain
Fill in this informatio	n to identify you		- AUE 17	UL 38		
	ulema Bonilla st Name	Middle Name L	ast Name			
Debtor 2						
	st Name	Middle Name L	ast Name			
United States Bankrup	otcy Court for the	NORTHERN DISTRICT OF ILLIN	OIS			
O						
Case number (if known)					☐ Check	if this is an
,					_	ded filing
						J
Official Form 10)6D					
Schedule D:	 Creditors	Who Have Claims Se	ecured	by Property	v/	12/15
benedate b.	Cicartois	Who have claims so	ccarca	by i topert	<u> </u>	12/13
		If two married people are filing together, out, number the entries, and attach it to t				
umber (if known).						
. Do any creditors have	claims secured by	y your property?				
☐ No. Check this	box and submit t	his form to the court with your other sc	hedules. Yοι	u have nothing else to	o report on this form.	
Yes. Fill in all o	f the information	below.				
Part 1: List All Sec	cured Claims					
		more than one secured claim, list the credito	or senarately	Column A	Column B	Column C
for each claim. If more th	an one creditor has	a particular claim, list the other creditors in		Amount of claim	Value of collateral	Unsecured
much as possible, list the	claims in alphabeti	cal order according to the creditor's name.		Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Chase Auto Fi	inance	Describe the property that secures the	claim:	\$1,317.00	\$10,000.00	\$0.00
Creditor's Name		2012 Buick Lacross 63,000 mil	les			
National Bank	ruptcy	·				
Dept		As of the date you file, the claim is: Che	ack all that			
201 N Central	Ave Ms	apply.	ock all triat			
Az1-1191	5004	☐ Contingent				
Phoenix, AZ 8		□ Hallanddarad				
Number, Street, City, S	State & Zip Code	☐ Unliquidated				
Who owes the debt?	Check one	☐ Disputed Nature of lien. Check all that apply.				
	mook one.	☐ An agreement you made (such as mor	rtaage or secu	red		
Debtor 1 only		car loan)	rigage of secui	ieu		
Debtor 2 only		Пол. и и и и и				
Debtor 1 and Debtor 2		☐ Statutory lien (such as tax lien, mecha	inic's lien)			
At least one of the det		Judgment lien from a lawsuit				
Check if this claim re community debt	elates to a	Other (including a right to offset)				
	Opened					
	Opened 2/01/13					
	Last Active					
Date debt was incurred	5/09/16	Last 4 digits of account number	7513			
,	3,00,10					
Add the dollar value o	f vour entries in C	olumn A on this page. Write that number	r here:	\$1,31	7 00	
Add the dollar value 0	. your entires ill C	oranin A on una page. Write ulat number	Here.	Ψ1,31	7.00	

Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

\$1,317.00

	Ous	0 10 10/10 2	700 1	Document	Page 1	8 of 58	, 50	30 Main
Fill in th	nis informa	tion to identify your	case:					
Debtor 1	1	Zulema Bonilla						
		First Name	Middle N	ame	Last Name			
Debtor 2 (Spouse if,		First Name	Middle N	ame	Last Name			
			NODTHED	I DISTRICT OF ILL	INOIC			
United S	States Bank	ruptcy Court for the:	NORTHERI	N DISTRICT OF ILL	IIIOIS			
Case nu	umber			_				
(if known)							_	Check if this is an
							•	amended filing
Officia	al Form	106E/F						
Sched	dule E/F	: Creditors W	ho Have	Unsecured	Claims			12/15
Schedule Schedule eft. Attac name and	G: Executor D: Creditors th the Contin d case numb	ry Contracts and Unexp s Who Have Claims Sec luation Page to this pag er (if known).	ired Leases (O ured by Proper e. If you have r	fficial Form 106G). Do ty. If more space is n no information to rep	o not include leeded, copy t	contracts on Schedule A/B: Prop any creditors with partially secu the Part you need, fill it out, num do not file that Part. On the top o	red claim	s that are listed in ntries in the boxes on the
Part 1:		of Your PRIORITY Un have priority unsecure						
	lo. Go to Part	. ,	a ciaiiiis agaiii	st you!				
		. 2.						
Part 2:	_	of Your NONPRIORIT	Y Unsecured	Claims				
		have nonpriority unsec						
_	-	nothing to report in this p	•	•	our other sche	adulas		
		nothing to report in this p	art. Oubiriit tiiis	onn to the court with y	our other some	suules.		
Y	es.							
unse	cured claim, one creditor	list the creditor separately	for each claim	For each claim listed,	identify what t	b holds each claim. If a creditor hay ype of claim it is. Do not list claims three nonpriority unsecured claims	already in	cluded in Part 1. If more
								Total claim
4.1	Aes/ Eds	outh		Last 4 digits of acco	ount number	0002		\$36,341.00
	Nonpriority C	reditor's Name				Onemad 0/04/07 Leat A	-4!	
	Po Box 24	461		When was the debt	incurred?	Opened 8/01/07 Last A 6/08/15	ctive	
_		g, PA 17105						_
		et City State Zlp Code et the debt? Check one.		As of the date you fi	ile, the claim i	s: Check all that apply		
	Debtor 1			☐ Contingent				
	Debtor 2	•		☐ Unliquidated				
		and Debtor 2 only		☐ Disputed				
		ne of the debtors and and	other	Type of NONPRIORI	TY unsecured	d claim:		
		this claim is for a com		Student loans				
	debt	subject to offset?	,	Obligations arising report as priority claim		ration agreement or divorce that ye	ou did not	
	■ No			☐ Debts to pension	or profit-sharin	g plans, and other similar debts		
	☐ Yes			Other. Specify				_
					ducationa			

Case 16-19713 Doc 1 Filed 06/15/16 Entered 06/15/16 19:26:33 Desc Main Document Page 19 of 58 Debtor 1 Zulema Bonilla Case number (if know) 4.2 \$183.00 **Alexian Pediatric Specialty Group** Last 4 digits of account number A380 Nonpriority Creditor's Name 3040 Salt Creek Lane When was the debt incurred? Arlington Heights, IL 60005 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify medical ☐ Yes 4.3 Alexican Brothers Health System-\$1,470.00 Last 4 digits of account number Nonpriority Creditor's Name attn: billing When was the debt incurred? 800 Biesterfield Rd Elk Grove Village, IL 60007 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify medical ☐ Yes 4.4 Alexican Brothers Health System-Last 4 digits of account number \$65.00 Nonpriority Creditor's Name When was the debt incurred? attn: billing 800 Biesterfield Rd Elk Grove Village, IL 60007

Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify medical

Document Page 20 of 58 Debtor 1 Zulema Bonilla Case number (if know) 4.5 \$141.00 Atq Credit Llc Last 4 digits of account number 5517 Nonpriority Creditor's Name 1700 W Cortland St When was the debt incurred? Opened 10/01/12 Ste 2 Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Suburban Maternal** Other. Specify Fetal Medici ☐ Yes 4.6 Atq Credit Llc Last 4 digits of account number 2439 \$80.00 Nonpriority Creditor's Name 1700 W Cortland St When was the debt incurred? Opened 3/01/15 Ste 2 Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Alexian Brothers** ■ Other. Specify Specialty Gro ☐ Yes 4.7 \$1,274.00 Capital One Last 4 digits of account number 9816 Nonpriority Creditor's Name Opened 9/01/12 Last Active Po Box 30285 4/09/15 When was the debt incurred? Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

Official Form 106 E/F

debt

■ No

☐ Yes

■ Other. Specify Credit Card

report as priority claims

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

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4.8	Capital One	Last 4 digits of account number	1134	\$1,134.00
	Nonpriority Creditor's Name		Opened 10/01/14 Last Active	
	Po Box 30285	When was the debt incurred?	3/21/15	
	Salt Lake City, UT 84130 Number Street City State Zlp Code	As of the date you file, the claim	is: Chock all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim	із: Спеск ан тат арріу	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit Card	<u> </u>	
4.9	Capital One	Last 4 digits of account number	1138	\$610.00
	Nonpriority Creditor's Name	_		·
	Po Box 30285	When was the debt incurred?	Opened 10/01/12 Last Active 3/21/15	
	Salt Lake City, UT 84130	when was the debt incurred?	3/21/15	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□ Yes	Other Specify Credit Card		
4.1 0	Certified Services Inc	Last 4 digits of account number	4015	\$108.00
	Nonpriority Creditor's Name	_		
	Po Box 177 Waukegan, IL 60079	When was the debt incurred?	Opened 2/01/12	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	•		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	,	
	Yes	Other. Specify Collection Ltd	Attorney Chicago Surgical Clinic	

Page 22 of 58 Case number (if know) Document Debtor 1 Zulema Bonilla

4.1 1	Chicago Surgical Clinic Ltd	Last 4 digits of account number		\$108.00			
	Nonpriority Creditor's Name 201 E Strong St #7	When was the debt incurred?					
	Wheeling, IL 60090 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	■ Debtor 1 only □ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify medical					
4.1 2	Childrens Place/Citicorp Credit Services	Last 4 digits of account number	3620	\$696.00			
	Nonpriority Creditor's Name Attn: Citicorp Credit Services Po Box 20507 Kansas City, MO 64195	When was the debt incurred?	Opened 9/01/14 Last Active 8/04/15				
	Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Charge Acc	count				
4.1 3	Comenity Bank/ Carsons	Last 4 digits of account number	8784	\$1,546.00			
	Nonpriority Creditor's Name P O Box 182273	When was the debt incurred?					
	Columbus, OH 43218 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.	_					
	Debtor 1 only	☐ Contingent☐ Unliquidated					
	Debtor 2 only						
	Debtor 1 and Debtor 2 only						
	At least one of the debtors and another	Type of NONPRIORITY unsecure ☐ Student loans					
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharir	a plane, and other similar debt-				
	■ No						
	Yes	Other. Specify credit card					

Page 23 of 58 Case number (if know) Document Debtor 1 Zulema Bonilla

4.1 4	Comenity Bank/ Harlem Furniture	Last 4 digits of account number	\$500.00		
	Nonpriority Creditor's Name	-		 -	
	PO Box 182273 Columbus, OH 43218	When was the debt incurred?			
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.	-			
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt		ration agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts		
	Yes	Other. Specify credit card			
4.1	Comenity Bank/ New York and				
5	Company	Last 4 digits of account number		\$2,100.00	
	Nonpriority Creditor's Name P O Box 182273	When was the debt incurred?			
	Columbus, OH 43218				
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.				
	■ Debtor 1 only				
	Debtor 2 only				
	Debtor 1 and Debtor 2 only				
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts		
	☐ Yes				
	☐ Tes	Other. Specify credit card			
4.1 6	Kohls/Capital One	Last 4 digits of account number	1331	\$357.00	
	Nonpriority Creditor's Name	_			
	Po Box 3120 Milwaukee, WI 53201	When was the debt incurred?	Opened 12/01/06 Last Active 5/21/15		
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts		
	☐ Yes	■ Other. Specify Charge Acc	Charge Account		
		Carlott Opcomy			

Document Page 24 of 58 Debtor 1 Zulema Bonilla Case number (if know) 4.1 Med Business Bureau 9147 \$140.00 Last 4 digits of account number Nonpriority Creditor's Name 1460 Renaissance Dr Opened 3/01/12 When was the debt incurred? Suite 400 Park Ridge, IL 60068 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Collection Attorney Med1 02 Medical Center Other. Specify ☐ Yes **Anesthesia** 4.1 Merrick Bank/Geico Card \$906.00 9018 Last 4 digits of account number Nonpriority Creditor's Name Opened 5/01/05 Last Active Po Box 23356 When was the debt incurred? 5/10/15 Pittsburg, PA 15222 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.1 Navient 7686 \$7,164.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Claims Dept Opened 11/01/04 Last Active Po Box 9500 When was the debt incurred? 4/29/16 Wilkes-Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

☐ Other. Specify

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Educational

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4.2 0	Navient	Last 4 digits of account number 7694	\$5,751.00
	Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500	Opened 6/01/05 Last Active When was the debt incurred? 4/29/16	
	Wilkes-Barr, PA 18773	4/23/10	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
		Educational	
4.2	Pay Pal	Last 4 digits of account number	\$600.00
,	Nonpriority Creditor's Name 2211 N. First St San Jose, CA 95131	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify credit card	
4.2	St Alexius Medical Center	Last 4 digits of account number	\$928.00
	Nonpriority Creditor's Name		
	1555 Barrington Rd Hoffman Estates, IL 60169	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify medical	

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4.2	St Alexius Medical Center	Last 4 digits of account number	\$150.00
	Nonpriority Creditor's Name 1555 Barrington Rd Hoffman Estates, IL 60169	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify medical	
.2	St Alexius Medical Center	Last 4 digits of account number	\$225.00
	Nonpriority Creditor's Name 1555 Barrington Rd Hoffman Estates, IL 60169	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify medical	
.2	St Alexius Medical Center	Last 4 digits of account number	\$693.00
	Nonpriority Creditor's Name 1555 Barrington Rd	When was the debt incurred?	
	Hoffman Estates, IL 60169 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	■ Other. Specify medical	

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4.2	St Alexius Medical Center	Last 4 digits of account number	\$762.00				
	Nonpriority Creditor's Name 1555 Barrington Rd	When was the debt incurred?					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans					
debt		Obligations arising out of a separation agreement or divorce that you did not					
Is the claim subject to offset?		report as priority claims Debts to pension or profit-sharing plans, and other similar debts					
	■ No						
	☐ Yes	Other. Specify medical					
4.2	St Alexius Medical Center	Last 4 digits of account number	\$506.00				
	Nonpriority Creditor's Name	When was the debt incurred?					
	1555 Barrington Rd Hoffman Estates, IL 60169	When was the dept incurred:					
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.						
Debtor 1 only		☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims					
	No	☐ Debts to pension or profit-sharing plans, and other similar debts					
	☐ Yes	Other. Specify medical					
4.2	Stellar Recovery Inc	Last 4 digits of account number 0721	\$79.00				
	Nonpriority Creditor's Name	When was the debt incurred?					
	1327 Hwy 2 W Suite 100	when was the dept incurred?					
	Kalispell, MT 59901						
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims					
	No	□ Debts to pension or profit-sharing plans, and other similar debts					
	☐ Yes	Other. Specify 01 Dish Network					

Entered 06/15/16 19:26:33 Case 16-19713 Doc 1 Filed 06/15/16 Desc Main Document Page 28 of 58 Debtor 1 Zulema Bonilla Case number (if know) 4.2 \$1,088.00 Synchrony Bank/ JC Penneys 1722 Last 4 digits of account number 9 Nonpriority Creditor's Name Opened 12/01/07 Last Active Po Box 965064 When was the debt incurred? 6/02/15 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.3 Synchrony Bank/Sams 0452 \$0.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Opened 7/15/07 Last Active Po Box 965064 When was the debt incurred? 4/19/12 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Charge Account 4.3

Synchrony Bank/Walmart
Nonpriority Creditor's Name

Description:

Descri

Po Box 965064
Orlando, FL 32896

Number Street City State Zlp Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Charge Account

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or 1 Zulema Bonilla	Document Page 2	9 of 58 Case number (if know)	
Towart		5114	¢704 (
Target Nonpriority Creditor's Name	Last 4 digits of account number		\$781.0
C/O Financial & Retail Services		Opened 5/01/08 Last Active	
Mailstop BT PO Box 9475	When was the debt incurred?	6/19/15	
Minneapolis, MN 55440 Number Street City State Zlp Code	As of the date you file, the claim	is: Chack all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim	15. Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt	_	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	aranon agreement et arretee that yea ala net	
■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Credit Card	<u> </u>	
Visa Dept Store National Bank	Last 4 digits of account number	7960	\$1,421.
Nonpriority Creditor's Name			
Attn: Bankruptcy		Opened 9/01/14 Last Active	
Po Box 8053 Mason, OH 45040	When was the debt incurred?	4/30/15	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
□Yes	Other. Specify Charge Ac	count	
Womens Healthfirst LLC		1946	¢720
Nonpriority Creditor's Name	Last 4 digits of account number	1940	\$720.
600 W Lake Cook Rd Ste 120 Buffalo Grove, IL 60089	When was the debt incurred?		
Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	

Part 3: List Others to Be Notified About a Debt That You Already Listed

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

debt

■ No

☐ Yes

■ Other. Specify medical

☐ Student loans

report as priority claims

☐ Check if this claim is for a community

Is the claim subject to offset?

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Deploi i Z	uiema B	onilia		Case n	uttibet (it kno	w)			
Name and Address Certified Services Inc PO Box 177 Waukegan, IL 60079			On which entry in Part 1 or Part 2 did y Line 4.11 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims					
			Last 4 digits of account number						
Name and Add Computer 640 W Four	Credit I	nc	On which entry in Part 1 or Part 2 did y Line 4.26 of (Check one):	e did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims					
Winston Sa	alem, N	C 27113		- Fait 2.	JIEGILOIS WILLI	Nonphonity onsecured Claims			
			Last 4 digits of account number						
Name and Address Malcolm S Gerald & Associates 332 S Michigan, SUite 600			On which entry in Part 1 or Part 2 did y Line 4.22 of (Check one):	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.22 of (Check one): Part 1: Creditors with Priority Unsecured Claims					
				Part 2:	Oreditors with	Nonpriority Unsecured Claims			
Chicago, IL	L 00004		Last 4 digits of account number						
			-						
Name and Add		& Associates	On which entry in Part 1 or Part 2 did y Line 4.24 of (<i>Check one</i>):		-				
332 S Mich			Line 4.24 of (Check one).			Priority Unsecured Claims			
Chicago, IL				■ Part 2:	Creditors with	Nonpriority Unsecured Claims			
•			Last 4 digits of account number						
Name and Add	dress		On which entry in Part 1 or Part 2 did y	ou list the o	riginal creditor	?			
		& Associates	Line 4.25 of (<i>Check one</i>):			Priority Unsecured Claims			
332 S Mich		Uite 600		Part 2:	Creditors with	Nonpriority Unsecured Claims			
Chicago, IL	L 60604		Last 4 digits of account number						
			Last 4 digits of account number						
Name and Add	dress		On which entry in Part 1 or Part 2 did y		-				
MiraMed Dept 77304	1 PO R	v 77000	Line 4.27 of (<i>Check one</i>):			Priority Unsecured Claims			
Dept 77304		X 11000		Part 2:	Oreditors with	Nonpriority Unsecured Claims			
20 11, 1111	.02		Last 4 digits of account number						
Name and Add	dress		On which entry in Part 1 or Part 2 did y	ou list the o	riginal creditor	?			
		Group LLC	Line 4.23 of (Check one):		•	Priority Unsecured Claims			
991 Oak Cr		-				Nonpriority Unsecured Claims			
Lombard, I	L 60148	}	Look 4 digita of account number						
			Last 4 digits of account number						
Name and Add	dress		On which entry in Part 1 or Part 2 did y		-				
rcs	24000		Line 4.4 of (Check one):			Priority Unsecured Claims			
P O Box 36 Birmingha		5236		Part 2:	Creditors with	Nonpriority Unsecured Claims			
Diriiiiigiiai	, AL 3	5250	Last 4 digits of account number						
Nama and Add	draga		On which costs, in Dout 4 or Dout 2 did y	ou liet the e	riginal aradita				
Name and Add Revenue C		lutions Inc	On which entry in Part 1 or Part 2 did y Line 4.3 of (<i>Check one</i>):		•	Priority Unsecured Claims			
POBox 361			Line <u>ine</u> of (eneak ana).	_		Nonpriority Unsecured Claims			
Birmingha	m, AL 3	5236		- Fait 2.	JIEGILOIS WILLI	Nonphonity onsecured Claims			
			Last 4 digits of account number						
Part 4: Ac	dd tha A-	mounts for Each Turn	of Unsecured Claim						
		nounts for Each Type o				h. 00 II 0 0 8450 Add I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Total the am type of unse			a ciaims. This information is for statistica	ıı reporting	purposes on	ly. 28 U.S.C. §159. Add the amounts for ea			
						Total Claim			
	6a.	Domestic support obliga	tions	6a.	\$	0.00			
Total		_				<u> </u>			
claims from Part 1	6b.	Taxes and certain other	debts you owe the government	6b.	\$	0.00			
	6c.		onal injury while you were intoxicated	6c.	\$	0.00			
	6d.		y unsecured claims. Write that amount here		\$	0.00			

	6a.	Domestic support obligations	6a.	\$	0.00
Total claims				-	
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00

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Debtor 1 Zulema Bonilla

				Total Claim
	6f.	Student loans	6f.	\$ 49,256.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 20,044.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 69,300.00

		12(1)	$\frac{1}{2}$	
Fill in this infor	mation to identify your	case:		
Debtor 1	Zulema Bonilla			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company wit	h whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.3					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.4	•				
	Name				
	Number	Street			-
	City		State	ZIP Code	
2.5			·		
	Name				_
	Number	Street			
	City		State	ZIP Code	_
	,		0.		

		Docume	ent Page 33 d	ot 58	
Fill in thi	s information to identify your	case:			
Debtor 1	Zulomo Ponillo				
Debioi i	Zulema Bonilla First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, fi	iling) First Name	Middle Name	Last Name		
United St	ates Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case nun	nber				— 01 1 2 2 2 2
(II KNOWN)					Check if this is an amended filing
					amended illing
Officia	al Form 106H				
	dule H: Your Cod	obtoro			40/45
Sche	dule H. Your Cod	eptors			12/15
1. Do	thin the last 8 years, have young, California, Idaho, Louisiana b. Go to line 3. es. Did your spouse, former spouts blumn 1, list all of your codeb the 2 again as a codebtor only	you are filing a joint case, you are filing a joint case, you lived in a community property, Nevada, New Mexico, Putuse, or legal equivalent lived tors. Do not include your if that person is a guaran	operty state or territor erto Rico, Texas, Wash with you at the time? spouse as a codebtor tor or cosigner. Make	ry? (Community property iington, and Wisconsin.) r if your spouse is filing sure you have listed th	y states and territories include g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 2.	roilli 100E/F), oi Sched	ule G (Official Form 10	oog). Ose Scriedule D,	Schedule E/F, or Schedule 3 to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
				_	
3.1	Name			Schedule D, line	
	Name			☐ Schedule E/F, I	
				☐ Schedule G, line	e
	Number Street				
	City	State	ZIP Code		
3.2	Nome			DSchedule D, line	
	Name			☐ Schedule E/F, I	
				☐ Schedule G, line	e
	Number Street			_	
	City	State	ZIP Code		

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						_				
Fill	in this information to identify your	case:								
Del	otor 1 Zulema Bo	nilla								
	otor 2 ouse, if filing)				_					
Uni	ted States Bankruptcy Court for the	ne: NORTHERN DISTRIC	T OF ILLINOIS							
	se number nown)					Check if this is An amendo	ed filing	ving postpetition	chapter	
								e following date:		
	fficial Form 106l					MM / DD/	YYYY			
S	chedule I: Your Inc	come							12/15	
spo	plying correct information. If you use. If you are separated and you ch a separate sheet to this form Describe Employmen	our spouse is not filing wi . On the top of any additi	th you, do not inc	clude infor	mati	on about your sp	ouse. If	more space is	needed,	
1.	Fill in your employment information.			Debtor 1			2 or non	-filing spouse		
	If you have more than one job,	Employment status	☐ Employed	☐ Employed			■ Employed			
	attach a separate page with information about additional employers.	Employment status	■ Not employed			☐ Not e	☐ Not employed			
		Occupation				Emily's Mexican Grill				
	Include part-time, seasonal, or self-employed work.	Employer's name				968 S E	Bartlett	Rd		
	Occupation may include studen or homemaker, if it applies.	Employer's address				Bartlet	t, IL 60 ⁻	103		
		How long employed t	here?				6 montl	ns		
Par	t 2: Give Details About M	onthly Income								
spou If yo	mate monthly income as of the use unless you are separated. ou or your non-filing spouse have respace, attach a separate sheet to	nore than one employer, co	·	·		oyers for that perso	on on the	e lines below. If	· ·	
						For Debtor 1		Debtor 2 or filing spouse		
2.	List monthly gross wages, sa deductions). If not paid monthly			2.	\$	0.00	\$	3,466.67		
3.	Estimate and list monthly ove	rtime pay.		3.	+\$	0.00	+\$_	0.00		
4.	Calculate gross Income. Add	line 2 + line 3.		4.	\$	0.00	\$	3,466.67		

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Deb	tor 1	Zulema Bonilla	-	С	ase r	number (if k	nown)					
	Cor	by line 4 here	4.		For	Debtor 1	0.00		Debtorn-filing s		_	
_	·				· —	·	<u> </u>	· —		,	_	
5.	5a.	all payroll deductions: Tax, Medicare, and Social Security deductions	5a		\$			\$		670 4	7	
	5a. 5b.	Mandatory contributions for retirement plans	5a 5b		_{\$} —		0.00	* *		678.17 0.00		
	5c.	Voluntary contributions for retirement plans	5c		\$ 		0.00	\$-		0.00		
	5d.	Required repayments of retirement fund loans	5d		<u>*</u> —		0.00	\$		0.00		
	5e.	Insurance	5e	€.	\$		0.00	\$		0.00	_	
	5f.	Domestic support obligations	5f.		\$	(0.00	\$		0.00)	
	5g.	Union dues	5g	,	\$		0.00	\$_		0.00		
	5h.	Other deductions. Specify:	_ 5h	1.+	\$		0.00	+ \$_		0.00	<u>)</u>	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	;	\$		0.00	\$_		678.17		
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	;	\$	(0.00	\$_	2	,788.50	<u>) </u>	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	a.	\$		0.00	\$		0.00	D	
	8b.	Interest and dividends	8b).	\$ —		0.00	\$		0.00		
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c	.	\$		0.00	\$		0.00	_ O	
	8d.	Unemployment compensation	8d	d.	\$		0.00	\$_		0.00	<u> </u>	
	8e.	Social Security	8e	€.	\$		0.00	\$		0.00)	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$		0.00	\$_		0.00		
	8g.	Pension or retirement income	8g	,	\$		0.00	\$_		0.00	_	
	8h.	Other monthly income. Specify:	_ 8n	۱.+ 	\$		0.00	+ \$_		0.00	<u>) </u>	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$			0.00	\$_		0.0)0	
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		0.00	+ \$	2	788.50	= \$	27	788.50
		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ť-		0.00			100.00			00.00
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not excify:	depe			•		•		e <i>J</i> . +\$		0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rester that amount on the Summary of Schedules and Statistical Summary of Certain lies). 12.	\$	2,7	788.50
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?							Comb		come
		No.										

Official Form 106I Schedule I: Your Income page 2

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Fill in this	information to identify yo	alit case.					
Debtor 1	Zulema Bonil				_	k if this is:	
Debtor 2							ving postpetition chapter
(Spouse, if	filing)					13 expenses as of	the following date:
United State	es Bankruptcy Court for the:	NORTHERN DIS	TRICT OF ILLIN	OIS	Ī	MM / DD / YYYY	
Case numb (If known)	er		_				
	al Form 106J						
	dule J: Your E						12/1
information	nplete and accurate as on. If more space is nee if known). Answer ever	eded, attach anoth					
Part 1:	Describe Your Houselis a joint case?	hold					
_	o. Go to line 2.						
	es. Does Debtor 2 live i	n a separate house	hold?				
	□No	-					
	☐ Yes. Debtor 2 mus	st file Official Form 10	06J-2, Expenses	for Separate House	hold of Debt	or 2.	
2. Do y	ou have dependents?	□ No					
Do n Debt	ot list Debtor 1 and or 2.	YAS	s information for endent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	ot state the ndents names.			daughter		4	□ No ■ Yes
							□ No
				son		8	■ Yes
							□ No □ Yes
							□ Yes □ No
							☐ Yes
	our expenses include	■ No					
	nses of people other th self and your depender						
Part 2:	Estimate Your Ongoin						
							pter 13 case to report f the form and fill in the
the value	xpenses paid for with n of such assistance and form 106l.)					Your expe	enses
(Official I	orni rooi.)						
	rental or home ownersh nents and any rent for the		our residence. I	nclude first mortgage	4. \$		1,300.00
If no	t included in line 4:						
4a.	Real estate taxes				4a. \$		0.00
4b.	Property, homeowner's				4b. \$		0.00
4c.	Home maintenance, rep				4c. \$		0.00
4d. 5. Addi	Homeowner's associati tional mortgage payme			me equity loans	4d. \$ 5. \$		0.00

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Debtor 1	Zulema Bor	illa	Case num	nber (if known)	
6. Util	ities:				
6a.	Electricity, hea	at, natural das	6a.	\$	200.00
6b.	•	garbage collection	6b.	·	75.00
6c.		Il phone, Internet, satellite, and cable services	6c.	·	270.00
6d.	Other. Specify		6d.	·	0.00
				·	
	od and houseke		7.	·	650.00
		lren's education costs	8.	·	100.00
	•	and dry cleaning	9.	·	200.00
	•	ucts and services	10.	· · · · · · · · · · · · · · · · · · ·	100.00
	dical and dental	•	11.	\$	0.00
		ude gas, maintenance, bus or train fare.	12.	¢	175.00
	not include car pa			·	
		os, recreation, newspapers, magazines, and book			0.00
		tions and religious donations	14.	\$	0.00
15. Ins			00		
		ance deducted from your pay or included in lines 4 or		c	0.00
	. Life insurance		15a.	·	0.00
	. Health insurar		15b.		0.00
	. Vehicle insura		15c.	·	160.00
	. Other insuran	· · · · ·	15d.	\$	0.00
		le taxes deducted from your pay or included in lines			
	ecify:		16.	\$	0.00
	tallment or lease			•	
	. Car payments		17a.	· -	125.00
	 Car payments 		17b.	·	0.00
	. Other. Specify		17c.	·	0.00
	. Other. Specify		17d.	\$	0.00
		llimony, maintenance, and support that you did n		•	0.00
		r pay on line 5, Schedule I, Your Income (Official		·	
		u make to support others who do not live with yo		\$	0.00
	ecify:		19.		
		expenses not included in lines 4 or 5 of this form			
	. Mortgages on		20a.		0.00
	. Real estate ta		20b.	· -	0.00
		eowner's, or renter's insurance	20c.	· · · · · · · · · · · · · · · · · · ·	0.00
		repair, and upkeep expenses	20d.	\$	0.00
20e	. Homeowner's	association or condominium dues	20e.	\$	0.00
21. Oth	er: Specify: s	tudent loan	21.	+\$	158.00
22 Cal	culate your mor	athly expenses			
	. Add lines 4 thro	•		\$	2 512 00
		•	orm 106 L 2	\$	3,513.00
	. ,	nonthly expenses for Debtor 2), if any, from Official F	01111 100J-2	3	
220	. Add line 22a an	d 22b. The result is your monthly expenses.		\$	3,513.00
23. Cal	culate vour mor	thly net income.			
	-	your combined monthly income) from Schedule I.	23a.	\$	2,788.50
		nthly expenses from line 22c above.	23b.	·	3,513.00
200	. 555, your 110	, 5.,ponoso nom mo 220 abovo.	200.		3,313.00
230	Subtract your	monthly expenses from your monthly income.			
200		our monthly net income.	23c.	\$	-724.50
	ŕ	,			
		ncrease or decrease in your expenses within the			
		spect to finish paying for your car loan within the year or do y	ou expect your mortgage	payment to increase	e or decrease because of a
		s of your mortgage?			
	Yes. Ex	plain here:			

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Fill in this infor	mation to identify your	case:			
Debtor 1	Zulema Bonilla				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	Γ OF ILLINOIS		
Case number (if known)					☐ Check if this is an amended filing
Official Forr	m 106Dec				
Declarat	tion About a	n Individual	Debtor's S	chedules	12/15
years, or both. 1	y or property by fraud ir I8 U.S.C. §§ 152, 1341, 1 In Below		kruptcy case can resul	t in fines up to \$250,00	00, or imprisonment for up to 20
Did you pa	ay or agree to pay some	one who is NOT an atto	rney to help you fill out	bankruptcy forms?	
■ No					
☐ Yes.	Name of person				kruptcy Petition Preparer's Notice, ,, and Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sum	nmary and schedules fi	led with this declaration	on and
X /s/ Zul	ema Bonilla		X		
Zulem	a Bonilla ure of Debtor 1		Signature	of Debtor 2	

Date _____

Date June 15, 2016

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Fill ir	n this inform	ation to identify your	r case:			
Debte	or 1	Zulema Bonilla First Name	Middle None	Loot Name		
Debte	or 2	First Name	Middle Name	Last Name		
(Spous	se if, filing)	First Name	Middle Name	Last Name		
Unite	d States Bar	kruptcy Court for the:	NORTHERN DISTRICT C	OF ILLINOIS		
Case	number					
(if know	vn)				_	theck if this is an
					a	mended filing
Oπ:	-:-! -	107				
	cial For		A (() () () () ()			
Sta	tement	of Financial A	Affairs for Individ	duals Filing for B	ankruptcy	4/16
					equally responsible for sup additional pages, write you	
). Answer every ques		uns form. On the top of any	additional pages, write you	ir name and case
Part	1 Give D	etails About Your Ma	rital Status and Where You	Lived Before		
		current marital statu		2.704 20.0.0		
1. V	viiat is your	Current mantai statu	is:			
ļ	Married					
Ĺ	→ Not marr	ried				
2. [Ouring the la	st 3 years, have you	lived anywhere other than	where you live now?		
ı	No					
	☐ Yes. List	all of the places you li	ived in the last 3 years. Do no	ot include where you live now		
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3 V	Vithin the la	st 8 years did you ey	ver live with a snouse or led	ial equivalent in a commun	ity property state or territory	12 (Community property
					co, Texas, Washington and W	
	No					
	_	ke sure you fill out <i>Sch</i>	nedule H: Your Codebtors (Of	ficial Form 106H).		
		,	(,		
Part :	2 Explain	n the Sources of You	r Income			
F	ill in the total	l amount of income you	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
Г	□ No					
Ī	_	in the details.				
			D. ()		D.L.	
			Debtor 1	Cross income	Debtor 2	Cress income
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until I for bankruptcy:	■ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Case number (if known) Document

Debtor 1 Zulema Bonilla

		Debte	or 1		Debtor 2		
			ces of income all that apply.	Gross income (before deductions and exclusions)	Sources of inco		Gross income (before deductions and exclusions)
	r last calendar year: Inuary 1 to December		ages, commissions, ses, tips	\$16,640.00	☐ Wages, common bonuses, tips	nissions,	
		□Ор	perating a business		☐ Operating a b	usiness	
	r the calendar year be nuary 1 to December	24 2014 \	ages, commissions, ses, tips	\$41,226.00	☐ Wages, common bonuses, tips	nissions,	
		□ Op	perating a business		Operating a b	usiness	
	winnings. If you are fi	ing a joint case and y	ou have income that y	est; dividends; money collect rou received together, list it o rely. Do not include income th	nly once under Del	otor 1.	d gambling and lottery
		Debto	r 1		Debtor 2		
		Source	es of income ibe below.	Gross income from each source (before deductions and exclusions)	Sources of inco Describe below.	me	Gross income (before deductions and exclusions)
Pa	rt 3: List Certain Pa	ayments You Made I	Before You Filed for I	Bankruptcy			
6.	No. Neither Dindividual During the No. Yes * Subject Yes. Debtor 1	ebtor 1 nor Debtor 2 primarily for a persor 90 days before you Go to line 7. List below each cre paid that creditor. I not include payme to adjustment on 4/0 or Debtor 2 or both 90 days before you Go to line 7. List below each cre include payments for	al, family, or househol filed for bankruptcy, did editor to whom you paid to not include payments to an attorney for the 1/19 and every 3 years thave primarily consulated for bankruptcy, did editor to whom you paid or domestic support of	Imer debts. Consumer debts d purpose." d you pay any creditor a total d a total of \$6,425* or more in tts for domestic support oblighis bankruptcy case. It is after that for cases filed on	of \$6,425* or more none or more payr ations, such as chil or after the date of of \$600 or more?	e? ments and the disconnection and support and adjustment.	ne total amount you nd alimony. Also, do creditor. Do not
		attorney for this ba	nkruptcy case.		,		, ,
	Creditor's Name an	d Address	Dates of payme	nt Total amount paid	Amount you still owe	Was this p	ayment for

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Case number (if known) Document Debtor 1 Zulema Bonilla

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; cor of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, includin a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No			al partner; corporations agent, including one for			
	☐ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos		ments or transfer a	any property on a	ccount of a d	ebt that benefited an
	No					
	Yes. List all payments to an insider	Datas af mannant	T-(-1	A	D (41.1
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		this payment ditor's name
Par	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	ne case
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		rty repossessed, f	oreclosed, garnis	shed, attache	d, seized, or levied?
	Creditor Name and Address	Describe the Property		Date		Value of the property
		Explain what happened				
11.	Within 90 days before you filed for bankrul accounts or refuse to make a payment bed No ☐ Yes. Fill in the details.		uding a bank or fir	nancial institutior	n, set off any a	amounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date taker	action was	Amount
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a No Yes		rty in the possess	ion of an assigne	e for the ben	efit of creditors, a
Par	t 5: List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankrup	otcy, did you give any gifts	with a total value	of more than \$60	0 per person	?
	No☐ Yes. Fill in the details for each gift.					
	Gifts with a total value of more than \$600 per person	Describe the gifts		Date: the g	s you gave ifts	Value
	Person to Whom You Gave the Gift and Address:					

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Page 42 of 58 Case number (if known) Document Debtor 1 Zulema Bonilla 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No ☐ Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You 6/15/15 **Attorney Fees** \$1,500.00 Mila Gloria Novak 2300 W. Lake St Melrose Park, IL 60160-3623 mila@milaglorianovak.com 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not

include gifts and transfers that you have already listed on this statement.

Nο

Yes. Fill in the details.

Person Who Received Transfer Address

Person's relationship to you

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

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Case number (if known) Document

Debtor 1 Zulema Bonilla

19.	beneficiary? (These are often called asset-prote		y property to a	a self-settle	ed trust or similar device	of which yo	ou are a
	Yes. Fill in the details.						
	Name of trust	Description and v	alue of the pro	operty trans	sferred	Date Tran	nsfer was
Pa	rt 8: List of Certain Financial Accounts, Inst	ruments, Safe Deposit	Boxes, and S	torage Unit	ts		
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred?	, were any financial acc	counts or inst	ruments he	eld in your name, or for y	our benefit,	closed,
	Include checking, savings, money market, or houses, pension funds, cooperatives, associ		•	•	it; shares in banks, credi	t unions, br	okerage
	■ No □ Yes. Fill in the details.						
		Last 4 digits of account number	Type of acco	ount or	Date account was closed, sold, moved, or transferred		t balance closing or transfer
21.	Do you now have, or did you have within 1 ye cash, or other valuables?	ear before you filed for	bankruptcy, a	ıny safe de		itory for se	curities,
	■ No □ Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acco Address (Number, St State and ZIP Code)		Describe	the contents	Do you have it	
22.	Have you stored property in a storage unit or No	place other than your	home within	1 year befo	re you filed for bankrupt	cy?	
	Yes. Fill in the details.	Who also has ar h	ad access	Docaribo	the contents	Do you	. ctill
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, St State and ZIP Code)		Describe	the contents	Do you have it	
Ра	rt 9: Identify Property You Hold or Control fo	or Someone Else					
23.	Do you hold or control any property that som for someone.	neone else owns? Inclu	ide any prope	rty you bor	rowed from, are storing	for, or hold	in trust
	■ No □ Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, St Code)		Describe	the property		Value
Pa	rt 10: Give Details About Environmental Infor	mation					
For	the purpose of Part 10, the following definition	ns apply:					
	Environmental law means any federal, state, toxic substances, wastes, or material into the regulations controlling the cleanup of these s	e air, land, soil, surface	water, groun	• .			
	Site means any location, facility, or property to own, operate, or utilize it, including dispos		environmental	law, wheth	er you now own, operat	e, or utilize i	it or used
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,						

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

hazardous material, pollutant, contaminant, or similar term.

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Debtor 1 Zulema Bonilla

24.	Has any governmental unit notified you that y	ou may be liable or potentially liable	under or in violation of an environme	ental law?	
	■ No				
	Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice	
25.	Have you notified any governmental unit of ar	ny release of hazardous material?			
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice	
26.	Have you been a party in any judicial or admir	nistrative proceeding under any envir	conmental law? Include settlements a	and orders.	
	■ No □ Yes. Fill in the details.				
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case	
Par	11: Give Details About Your Business or Co	onnections to Any Business			
27.	Within 4 years before you filed for bankruptcy	, did you own a business or have any	y of the following connections to any	business?	
	☐ A sole proprietor or self-employed in	a trade, profession, or other activity,	either full-time or part-time		
	☐ A member of a limited liability compar	ny (LLC) or limited liability partnershi	p (LLP)		
	☐ A partner in a partnership				
	☐ An officer, director, or managing exec	cutive of a corporation			
	☐ An owner of at least 5% of the voting	or equity securities of a corporation			
	■ No. None of the above applies. Go to Pa	rt 12.			
	Yes. Check all that apply above and fill ir				
		Describe the nature of the business	Employer Identification number		
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security r	number or ITIN.	
28.	Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.				
	■ No □ Yes. Fill in the details below.				
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued			

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Debtor 1 Zulema Bonilla

are true and with a bank	d correct. I understand that m	nt of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers aking a false statement, concealing property, or obtaining money or property by fraud in connection s up to \$250,000, or imprisonment for up to 20 years, or both.
/s/ Zulem	a Bonilla	
Zulema B	onilla	Signature of Debtor 2
Signature	of Debtor 1	
Date Ju	ne 15, 2016	Date
Did you att	ach additional pages to Your	Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
■ No		
☐ Yes		
Did you pa	y or agree to pay someone wh	no is not an attorney to help you fill out bankruptcy forms?
No		

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this inform	mation to identify your	case:		
Debtor 1	Zulema Bonilla			
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DIS	RICT OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an amended filing
				amended ming
~				
Official Fo	orm 108			
Statemer	nt of Intentio	n for Indiv	iduals Filing Under Ch	apter 7 12/15
			-	
	ividual filing under cha		out this form if:	
	e claims secured by yo		-4	
	sed personal property a is form with the court w		ot expired. you file your bankruptcy petition or by the	date set for the meeting of creditors.
whiche	ever is earlier, unless th		e time for cause. You must also send copie	
on the	form			
	eople are filing together nd date the form.	in a joint case, bo	th are equally responsible for supplying co	prrect information. Both debtors must
Be as complete a	and accurate as possib	le. If more space is	needed, attach a separate sheet to this for	rm. On the top of any additional pages.
	our name and case nur			, and the second second pages,
Part 1: List Yo	our Creditors Who Have	e Secured Claims		
1. For any credit information be		art 1 of Schedule D	: Creditors Who Have Claims Secured by F	Property (Official Form 106D), fill in the
	editor and the property t	hat is collateral	What do you intend to do with the prope secures a debt?	rty that Did you claim the property as exempt on Schedule C?
Creditor's C	Chase Auto Finance		☐ Surrender the property.	□ No
name:			☐ Retain the property and redeem it.	_
Description of	2012 Buick Lacros	c 63 000	Retain the property and enter into a	■ Yes
property	miles	3 00,000	Reaffirmation Agreement. Retain the property and [explain]:	
securing debt:	:		Li Retain the property and [explain].	
	our Unexpired Persona		in Oak a hale O. Francisco Contracts and H.	
in the information	ed personal property le on below. Do not list rea	ase that you listed Il estate leases. Un	in Schedule G: Executory Contracts and U expired leases are leases that are still in ef	fect; the lease period has not yet ended.
			he trustee does not assume it. 11 U.S.C. §	
Describe vour u	unexpired personal pro	perty leases		Will the lease be assumed?
	р	,		
Lessor's name:				□ No
Description of lea Property:	ased			☐ Yes
, ,				ப 163
Lessor's name:				□ No
Description of lea Property:	ased			Пу
i topolty.				☐ Yes
Lessor's name:				□ No

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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Del	btor 1	Zulema Bonilla	Case number (if known)	
	scription	n of leased		☐ Yes
Des	ssor's na scription perty:	ame: n of leased		□ No □ Yes
Des	ssor's na scription perty:	ame: n of leased		□ No □ Yes
Des	ssor's na scription perty:	ame: n of leased		□ No □ Yes
Des	ssor's na scription perty:	ame: n of leased		□ No □ Yes
Und pro	ler pena perty th	Sign Below alty of perjury, I declare tha nat is subject to an unexpir ulema Bonilla		cures a debt and any personal
X	Zule	ma Bonilla ature of Debtor 1	XSignature of Debtor 2	
	Date	June 15, 2016	Date	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing tee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-19713 Doc 1 Filed 06/15/16 Entered 06/15/16 19:26:33 Desc Main Document Page 52 of 58

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

In re	Zulema Bonilla		Case No.	
		Debtor(s)	Chapter	7
	DISCLOSURE OF COMPENS	SATION OF ATTOR	NEY FOR DE	CBTOR(S)
C	ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), ompensation paid to me within one year before the filing of e rendered on behalf of the debtor(s) in contemplation of o	I certify that I am the attorned the petition in bankruptcy,	ey for the above nam or agreed to be paid	ned debtor(s) and that to me, for services rendered or to
	For legal services, I have agreed to accept		\$	1,500.00
	Prior to the filing of this statement I have received			1,500.00
	Balance Due			0.00
2. \$	335.00 of the filing fee has been paid.			
3. T	he source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4. T	he source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
5. I	I have not agreed to share the above-disclosed compens	sation with any other person u	unless they are memb	pers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names			
5. I	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:			ase, including:
b c.	Analysis of the debtor's financial situation, and rendering Preparation and filing of any petition, schedules, statemed Representation of the debtor at the meeting of creditors at [Other provisions as needed] Negotiations with secured creditors to reduce reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on house	ent of affairs and plan which and confirmation hearing, and uce to market value; exe as needed; preparation	may be required; d any adjourned hear mption planning;	rings thereof;
7. B	y agreement with the debtor(s), the above-disclosed fee do Representation of the debtors in any disch any other adversary proceeding.			es, relief from stay actions or
	(CERTIFICATION		
	certify that the foregoing is a complete statement of any agankruptcy proceeding.	greement or arrangement for	payment to me for re	epresentation of the debtor(s) in
Ju	ne 15, 2016	/s/ Mila Gloria Nov	/ak	
Date		Mila Gloria Novak		
		Signature of Attorney Mila Gloria Novak		
		2300 W. Lake St	204.00 0.000	
		Melrose Park, IL 6 708-343-9119 Fax		
		mila@milaglorian		
		Name of law firm		

MILA G. NOVAK Attorney at Law **Debt Relief Agency**

2300 West I	Lake	Street
Molroco Da	rk II	60160

Date: Felwary 3, 20 Phone: (708) 343-9119

Client Name:

ATTORNEY:

ATTORNEY CONTRACT FOR BANKRUPTCY SERVICES

If you receive services from my office regarding bankruptcy, the law requires that you and I sign a written agreement. If you wish to hire me, you must sign below. My office will file a Bankruptcy Petition on your behalf. Fees are payable before filing or commencement of any work and non refundable once work commences. The court charges and our office's charges appear below. Since all bankruptcies are not identical and I cannot tell in advance all the services you may need, there may be additional charges that apply to you. If you sign below, you are agreeing to do the following: 1) to provide me with complete, accurate and truthful information; 2) to provide all the documentation requested; 3) to promptly respond to

any inquires I make and 4) to pay all fees before filing Chapter 7 or Chapter 13 in the plan.

Charges-cash only	Chapter 7	Chapter 13
Court Fees	\$335.00	\$310.00
Credit Report + Printing	\$35.00 single, \$50:00 joint	\$35 single, \$50.00 joint
Tax Return + Printing	\$50.00	\$50.00
Investigation as appropriate for	\$35 single, \$50 joint	\$35 single, \$50 joint
each case		
Attorney's Fees-Flat Fee non	\$1,500.00 Thru 341 meeting	\$4000.00 thru plan confirmation only.
refundable once petition filed.	only.	
In case of no filing, dismissal or	Attorney hourly rate: \$300.00	Attorney Hourly rate: \$300.00
additional work the Billing Rate	1870,00	<i>b.</i>
is \$300.00 per hour.	40100	
TOTAL	\$1955 Single, \$1985 Joint	\$4,430.00 single, \$4,462 joint
Payment Plan: half of total		•
before commencement of work,	All paid before filing.	1,500.00 before filing, balance in the Plan

You must be present to meet with the Trustee. Please bring with you a photo id and social security card. I will inform you by mail of the location, date and time. Please be advised that you are within your right to discharge me as your attorney at any time. You hereby agree to inform me in writing and give me notice in writing of such termination. You the client hereby consents and authorizes me to order a credit report and conduct an investigation to verify the information provided to me for purposes of this filing only. You also consent and authorize me to release information you have given me in relation to the bankruptcy petition to the United States Trustee for auditing purposes as required by bankruptcy law. Whenever necessary the information in this letter is verbally translated to Spanish. Due to auditing requirements you are responsible for keeping all documents in support of the bankruptcy petition such as bills, pay stubs, expenses etc. And to inform me of new address. I may use Mercedes Jaile, ESQ to cover the 341 Meeting and you are hereby informed AND hereby consent to such representation. Record Retention: You agree that I may dispose of all files pertaining to our representation at any time five years after we have last performed services on such matters. And that I may discard certain documents such as drafts and copies: The retention of which is not significant to the protection of your interest.

Client Signature SIGNIFIES THAT CLIENT AGREES TO PAY AS STATED ABOVE, ACKNOWLEDGE RECEIPT OF NOTICES REQUIRED BY LAW AND HAS COMPLETELY AND ACCURATELY DISCLOSED ALL INFORMATION:

**POSSIBLE ADDITIONAL CHARGES:

\$200 \$150 \$150 \$150 \$150 \$150 \$150 \$200 \$200 \$300 \$300 \$200 \$200	Minimum Additional Charge if forms need revision If more than 20 creditors Changes to petition after printing Getting lawsuit continued or dismissed Prevention of Power or telephone shutoff/restoration of service Appearance at continued meeting of creditors Amendment of Petition after filling (includes \$26 filling fee). Stop wage garnishment Review completing or filling of Reaffirmation Agreements or Redemption Agreements Surrender of Real Estate/foreclosure proceedings Communication with join petitioner living separately. Dispute over value of Security
Fees requirin\$300\$300\$300\$300\$300\$300	per hour objection to motion to lift automatic stay per hour Objection to Discharge per hour Dispute over Exemptions or preferential payments per hour if file is chosen to be audited per hour court hearing (for example for reaffirmation agreements)

In general:

\$300 per hour for all other work not listed above

DATE:

DATE:

United States Bankruptcy Court Northern District of Illinois

In re	Zulema Bonilla		Case No.	
		Debtor(s)	Chapter	7
	VE	RIFICATION OF CREDITOR MA	ATRIX	
	Number of Creditors: 31			
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of credito	ors is true and	correct to the best of my
Date:	June 15, 2016	/s/ Zulema Bonilla Zulema Bonilla Signature of Debtor		

Aes/ Edsouth Po Box 2461 Harrisburg, PA 17105

Alexian Pediatric Specialty Group 3040 Salt Creek Lane Arlington Heights, IL 60005

Alexican Brothers Health Systemattn: billing 800 Biesterfield Rd Elk Grove Village, IL 60007

Atg Credit Llc 1700 W Cortland St Ste 2 Chicago, IL 60622

Capital One Po Box 30285 Salt Lake City, UT 84130

Certified Services Inc Po Box 177 Waukegan, IL 60079

Chase Auto Finance National Bankruptcy Dept 201 N Central Ave Ms Az1-1191 Phoenix, AZ 85004

Chicago Surgical Clinic Ltd 201 E Strong St #7 Wheeling, IL 60090

Childrens Place/Citicorp Credit Services Attn: Citicorp Credit Services Po Box 20507 Kansas City, MO 64195

Comenity Bank/ Carsons P O Box 182273 Columbus, OH 43218

Comenity Bank/ Harlem Furniture PO Box 182273 Columbus, OH 43218

Comenity Bank/ New York and Company P O Box 182273 Columbus, OH 43218

Computer Credit Inc 640 W Fourth St Winston Salem, NC 27113

Kohls/Capital One Po Box 3120 Milwaukee, WI 53201

Malcolm S Gerald & Associates 332 S Michigan, SUite 600 Chicago, IL 60604

Med Business Bureau 1460 Renaissance Dr Suite 400 Park Ridge, IL 60068

Merrick Bank/Geico Card Po Box 23356 Pittsburg, PA 15222

MiraMed Dept 77304, PO Box 77000 Detroit, MI 48277

Miramed Revenue Group LLC 991 Oak Creek Dr Lombard, IL 60148

Navient Attn: Claims Dept Po Box 9500 Wilkes-Barr, PA 18773

Pay Pal 2211 N. First St San Jose, CA 95131 rcs P O Box 361230 Birmingham, AL 35236

Revenue Cycle Solutions Inc POBox 361230 Birmingham, AL 35236

St Alexius Medical Center 1555 Barrington Rd Hoffman Estates, IL 60169

Stellar Recovery Inc 1327 Hwy 2 W Suite 100 Kalispell, MT 59901

Synchrony Bank/ JC Penneys Po Box 965064 Orlando, FL 32896

Synchrony Bank/Sams Po Box 965064 Orlando, FL 32896

Synchrony Bank/Walmart Po Box 965064 Orlando, FL 32896

Target C/O Financial & Retail Services Mailstop BT PO Box 9475 Minneapolis, MN 55440

Visa Dept Store National Bank Attn: Bankruptcy Po Box 8053 Mason, OH 45040

Womens Healthfirst LLC 600 W Lake Cook Rd Ste 120 Buffalo Grove, IL 60089